

In the United States Patent and Trademark Office



FN	Mailed: At:			
	Assistant Commissioner for Patents Washington, District of Columbia 20231			
	Sir:			
	Please file the following enclosed patent application papers:			
	Applicant #1, Name: Jack V. Smith Other Applicant(s): Title: Inflatable Box			
	(X) Specification, Claims, and Abstract: Nr. of Sheets 121			
	(X) Declaration: Date Signed: 7/3/01			
	(X) Drawing(s): Number of Sheets Enclosed: (In Triplicate): Formal:			
	Informal: 21			
	(X) Small Entity Declaration of Inventor(s)			
	() Small Entity Declaration of Non-Inventor / Assignee/Licensee			
	() Assignment; please record and return; recordal fee enclosed.(x) Check for \$ 355.00 for:			
	(x) Check for \$ 355.00 for:(X) \$ Filing Fee for filing fee (not more than three independent claims and twenty total claims are presented).			
	() \$ Assignment Fee Additional if Assignment is enclosed for recording.			
	() Return Receipt Postcard Addressed to Applicant #1.			
	(X) Request Under MPEP § 707.07(j): The undersigned, a pro-se applicant, respectfully requests that if the Examiner finds patentable subject matter disclosed in this application, but feels that Applicant's present claims are not entirely suitable, the Examiner draft one or more allowable claims for applicant.			
	Very respectfully/ Date:			
	Applicant: Jack V. Smith, signature			
	Address: Jack V. Smith P.O. Box 156 Arden, NC 28704			
	Phone: 828-650-0410 / 828-650-0409			

Express Mail Label #: <u>ET597678927 U</u>5

828-650-0410 / 828-650-0409

;Date of Deposit_

In the United States Patent and Trademark Office

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

Fee Transmittal

First-named Inventor: Jack V. Smith	
Title of Invention: "Inflatable Box" Total Payment Enclosed (from Calculation Below):\$355.00 Check Order	□ Money
Sir:	

Enclosed is the following small entity filing fee for the above patent application:

Fee Code	Fee Description	Fee(\$)			
214	Provisional Pat. Appn. Filing Fee				
201	Basic Utility Appn. Filing Fee	<u>\$355.00</u>			
206	Basic design Appn. Filing Fee				
	Subtotal (1)	<u>\$355.00</u>			
203	Total Claims: 3 - 20 = 0; 0 X 0 (fee for each claim over 20)	=			
202	Tot. Indep. Claims $2 - 3 = 0$; 0×0 (fee for each indep. claim over 3)	=			
	Subtotal (2)	<u>\$355.00</u>			
Total Payment Enclosed [Sum of Subtotals (1) and (2)] \$355.00					

Very Respectfully

Signature of Applicant

Jack V. Smith

Printed Name of Applicant

Date: <u>7/3/01</u> Address:

P.O. BOX 156 Arden, NC 28704

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Date: 7/3/0/	·					
Applicant: Jack V. Smith, signature						
Address. Jack V. Smith P.O. Box 156		· ·				
Arden, NC 28704 Phone: 828-650-0410 / 828-6	550-0409					